

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-005793

AMENDED

Registration District No.

53

Primary Registration District No.

3010

Registrar's No.

87

STATE FILE NUMBER

FILED FEB 20 1962

1. PLACE OF DEATH

a. COUNTY

Cape Girardeau

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN

Cape Girardeau

Length of stay in 1b

42 years

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

SEMO Hospital

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Cape Gir.

c. CITY
OR TOWN

Cape Girardeau

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)

1639 N. Main

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Manuel

Middle

Z.

Last

Easley

4. DATE
OF DEATH

Month

February 9, 1962

Day

Year

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

Mar. 26, 1898

9. AGE (last birthday)

63

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Shoe Worker

10b. KIND OF BUSINESS OR INDUSTRY

Shoe Industry

11. BIRTHPLACE (City and state or country)

Scopus, Mo.

12. CITIZEN OF WHAT COUNTRY

U. S. A.

13a. FATHER'S NAME

Robert Easley

13b. MOTHER'S MAIDEN NAME

Niswonger

14. NAME OF HUSBAND OR WIFE

Flossie McClard

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

No

17. INFORMANT

Floyd Lincoln Cape Gir., Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

CORONARY THROMBOSIS

INTERVAL BETWEEN ONSET AND DEATH

5 min

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

CORONARY ARTERY DISEASE

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes☐ No☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from Aug 1959, to 2-9-62 and last saw her alive on 2-9-62
Death occurred at 8:50 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Edmond D Campbell MD

22b. ADDRESS

Cape Girardeau Mo

22c. DATE SIGNED

2-10-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

2-12-1962

23c. NAME OF CEMETERY OR CREMATORY

Iona Cemetery

23d. LOCATION (City, town, or county)

Orion, Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

Ford & Sons Cape Girardeau, Mo.

25. DATE RECD. BY LOCAL REG.

2-13-62

26. REGISTRAR'S SIGNATURE

Quinn Kastin

(Licensed Embalmer's Statement on Reverse Side)

FEB 23 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____

Licensed Embalmer No. 5057

P. O. Address Cape Girardeau, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.